

BLOCK 701 LOT 8-01 QUALIFICATION CODE _____ ADDRESS (SITE) 106 Chambers Bridge



CONSTRUCTION PERMIT APPLICATION

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ 75	✓	
2. Electrical	\$ 40	✓	
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$		
9. State Permit Surcharge Fee	\$ 7		
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ 122		

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: McDonalds - 106 Chambers Bridge Rd.

2. Name of Owner in Fee: Diamonds associates
Tel. (732) 774-1377 e-mail _____
Address 106 Chambers Bridge Rd. street municipality zip code

3. Ownership in Fee: Public _____ Private ☒ _____

4. Principal Contractor: M/S Sign Co Tel. (732) 774-1372
Address 60 Sturges Ave e-mail _____
Asbury Park, NJ

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. 22-3437134 FAX: (732) 988-1509

5. Architect or Engineer _____ Contact _____
Address _____ e-mail _____
Tel. (_____) _____ FAX: (_____) _____

6. Responsible Person in Charge once Work has Begun Don Rev
Tel. (732) 774-1372 FAX: (732) 988-1509

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	_____
2. Height of Structure	_____ ft.
3. Area — Largest Floor	_____ sq. ft.
4. New Building Area	_____ sq. ft.
5. Volume of New Structure	_____ cu. ft.
6. Max. Live Load	_____
7. Max. Occupancy Load	_____
8. If Industrialized Building: State Approved _____ HUD _____	
9. Total Land Area Disturbed	_____ sq. ft.
10. Flood Hazard Zone	_____
11. Base Flood Elevation	_____ ft.
12. Wetlands yes _____ no _____	

IIa. PROPOSED WORK

- | | | | |
|---|--|--|---|
| ☐ Minor Work | ☐ New Building | ☐ Addition | ☐ Demolition |
| ☐ Repair | ☐ Alteration | ☐ Renovation | ☐ Reconstruction |
| ☐ Asbestos Abat. -Subch. 8 | ☐ Lead Hazard Abatement | ☐ Radon Remediation | ☐ Annual Permit |

IIb. SUBCODES

(Check all that apply)

- ☐ Building
- ☐ Electrical
- ☐ Plumbing
- ☐ Fire Protection
- ☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
	<u>Joe</u>	<u>8/6/12</u>		<u>7/17/12</u>	<u>MV</u>		
				<u>7-17-12</u>	<u>J</u>		

TOTAL COST

III. PLAN REVIEW (optional)

- DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

- | | | | |
|---|---|---|---|
| 1. ☐ Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks | 4. ☐ Refrigeration Systems | 8. ☐ Smoke Control Systems in Open Wells | 12. ☐ Fire Alarm |
| 2. ☐ High Pressure Boilers | 5. ☐ Cross-Connections/Backflow Preventers | 9. ☐ Underground Storage Tanks | |
| 3. ☐ Pressure Vessels | 6. ☐ Hazardous Uses/Places of Assembly | 10. ☐ Swimming Pools, Spas and Hot Tubs | |
| | 7. ☐ Sprinklers/Standpipes | 11. ☐ LPGas Tanks | |

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present: _____
4. No. of dwelling units: Total Units Income-restricted
- | | |
|----------------|-------|
| Gained, Sale | _____ |
| Gained, Rental | _____ |
| Lost, Sale | _____ |
| Lost, Rental | _____ |

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present: _____

C. MIXED USE -List secondary use(s): _____

- D. Construct. Classification: Present _____ Proposed _____



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 02/06/2013
Control Number C-12-002476
Permit Number 12-2044
Permit Issue Date 07/23/2012
Certificate Number 12-2044

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 106 CHAMBERS BRIDGE RD. Brick Township, NJ Block: 701 Lot: 8.01 Qual: _____
Owner in Fee: MC DONALD'S CORP.% D'AMBROSIO ASSOC
Owner Address: 2410 HIGHWAY 34 MANASQUAN NJ 08736
Telephone: (732) 774-1377
Contractor: REX SIGN CO
Address: 60 STIENER AVENUE NEPTUNE City NJ
Telephone: (732) 774-1377 Fax: (732) 988-0505
License Number or Builders Registration Number: _____ Federal Emp. Number: 22-3437134

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: U Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: SIGN INSTALLATION Remove and replace footings- sign to remain as is

Certificate Comments:

☐ **Certificate of Occupancy**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☒ **Certificate of Approval**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work

☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work

☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than: or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:

Daniel Newman Jr

Construction Official

Fee: \$0.00

Check Number: _____

Collected By: _____

Called
7/20/12



CONSTRUCTION PERMIT

7-23-12
12-2044
Date Issued
Control # C-12-002476
Permit #

IDENTIFICATION Block: 701 Lot: 8.01 Qualifier
Work Site Location: 106 CHAMBERS BRIDGE RD. Brick Township, NJ Contractor REX SIGN CO
Owner in Fee MC DONALD'S CORP % D'AMBROSIO ASSOC Address 60 STIENER AVENUE NEPTUNE City NJ
2410 HIGHWAY 34 MANASQUAN NJ 08736 Telephone: 7327741377
Telephone: 7327741377 Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-3437134

Is hereby granted permission to perform the following work:

- ☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☒ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT (Subchapter 8 only) ☐ OTHER

DESCRIPTION OF WORK:

SIGN INSTALLATION Remove and replace footings- sign to remain as is

Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$4,000

Construction Official

Date 7-19-12

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$75
Electrical	\$40
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$7
CO Fee	
Other	\$0
Total	\$122
Check No.	11762
Cash	\$0
Credit	\$0
Collected By	

130
152

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

- The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
- Foundations and all walls up to grade level prior to back filling.
- All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
- Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☒ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☒ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.



BUILDING SUBCODE TECHNICAL SECTION



A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 701 Lot 8.01 Qualification Code _____

Work Site Location 106 Chambers bldg rd

Owner in Fee: 106 Chambers bldg rd

Tel. (332) 724-1372 ext 2058 e-mail _____

Address 106 Chambers bldg rd Back

Contractor: 106 Chambers bldg rd Municipality Tel. (332) 724-1372

Address 106 Chambers bldg rd e-mail _____

Contractor License No. or Builder Registration No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. 22-343733 FAX: (332) 544-1509

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial _____

☒ No Plans Required _____

☒ All 7/17/12 W _____

☐ Footings/Foundations _____

☐ Structural/Framework _____

☒ Exterior _____

☐ Interior _____

Joint Plan Review Required: _____

☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator _____

SUBCODE APPROVAL for PERMIT _____

Date: 7/19/12 _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE _____

☐ CO ☐ CCO ☐ CA _____

Date: _____

Approved by: _____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____

No. of Stories _____

Height of Structure _____ ft.

Area — Largest Floor _____ sq. ft.

New Bldg. Area/All Floors _____ sq. ft.

Volume of New Structure _____ cu. ft.

Max. Live Load _____

Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____

If Industrialized Building: _____

State Approved _____ HUD _____

Est. Cost of Bldg. Work: 2000

1. New Bldg. \$ 500

2. Rehabilitation \$ 2500

3. Total (1 + 2) \$ 2500

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Sign here: William McDonald

Print name here: William McDonald

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove & replace
inconsistent footings

Sign to remove

as is
Engineer must Certify Exist
Footings

TYPE OF WORK:

☐ New Building

☐ Addition

☐ Rehabilitation

☐ Roofing

☐ Siding

☐ Fence _____

☐ Sign _____

☐ Pool _____

☐ Retaining Wall _____

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☐ Radon Remediation

☒ Other Footings

☐ Demolition

FEE (Office Use Only)

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

COMMERCIAL

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

U.C.C. F110
(rev. 11/09)

2-23-12

Date Received
Control #

Date Issued 12-2644

Permit #



GILLIGAN ENGINEERING

549 Woodland Avenue

Brielle, NJ 08730

Phone (732) 528-7778

Fax (732) 528-8140

GilliganEngineering@gmail.com

July 27, 2012

**Township of Brick
401 Chambers Bridge Road
Brick, NJ 08723-2898
Attn: Building Construction Office**

**Re: McDonald's Restaurant sign structure
106 Chambers Bridge Road, Brick**

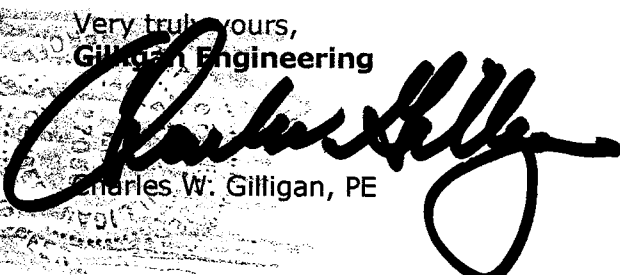
Dear Code Official,

This letter is to confirm that an investigation of the existing foundation for the McDonald's main identification sign resulted in the foundation having the dimensions of approximately 5'-4" x 5'-4" x 4' deep. This is shown on a foundation plan prepared by this office dated 6.29.12. The present sign has successfully functioned on this foundation since originally installed around 1979.

This project included a 1'-1" additional concrete capping tied into that existing 4' deep foundation and reinstalling the same exact sign, such that the base plate would now be above grade (as required by McDonald's corporate standards).

If there are any questions, please contact this office.

Very truly yours,
Gilligan Engineering


Charles W. Gilligan, PE

NJPE #27090



ELECTRICAL SUBCODE TECHNICAL SECTION



A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 101 Lot 8.01 Qualification Code _____

Work Site Location Mc Donaldis

Owner in Fee: 106 Chambersbridge Rd.

Tel. (732) 334-1337 (agm) e-mail _____

Address 106 Chambersbridge Rd Brick, NJ

Contractor: Thm Tecs P Electric Tel. (732) 996-3267

Address 106 Chambersbridge Rd Brick, NJ

Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. 140-60-1392 FAX: (732) 571-7057

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

[] Pole/Pad # _____ [] Temporary [] Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ \$1500.

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plans Required

[] Partial - Underslab Utilities Approved

Date: _____ Approved by: _____

[] Electric Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

[] Bldg. [] Plumb. [] Fire. [] Elev.

SUBCODE APPROVAL FOR PERMIT

Date: 7-17-12

Approved by: JS

SUBCODE APPROVAL FOR CERTIFICATE

[] CO [] CCO [] CA

Date: 11/6/12

Approved by: JS

INSPECTIONS

Type: _____ Failure: _____ Approval: _____ Initial: _____

Rough _____

Barrier-Free _____

Trench _____

Temp. Serv. _____

Constr. Serv. _____

TCO _____

Other _____

Service _____

Final _____

Barrier-Free _____

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

Annual Pool Inspection _____

Date of Grounding and Bonding Certification _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant sign/Contractor sign and seal here:

Print Name here: _____

Licensed Elec. Contractor [] Certifd Landscape Irrigation Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

QTY. SIZE

ITEMS

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors - Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UW Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Oven/Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/4 HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

Date Received _____
Control # _____
Date Issued _____
Permit # _____

12-20-14

Hub - VP Easting
7-23-12

Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____



Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
7322621027

Date Issued: 7-23-12
Application Number: ZA-12-00741
Application Date: 07/16/2012
Project Number: _____
Permit Number: 12-00207
Fee: \$30

Zoning Permit

Worksite **106 CHAMBERS BRIDGE RD.**
Location: **McDonald's**
Brick Township, NJ 08723

Block: **701**
Lot: **8.01**
Qualifier: _____
Zone: **B-3**

Owner: **MC DONALD'S CORP.% D'AMBROSIO ASSOC**

Applicant: **Don Rex; Rex Sign Company**

Address: **2410 HIGHWAY 34**
MANASQUAN, NJ 08736

Address: **60 Steiner Avenue**
Neptune City, NJ

Application Approved Date: 07/16/2012

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Use is: Single-Family Residential

Nonconforming Use is: _____

Work Description:

Rehabilitation, Sign - Replace same pylon sign on new footings.

Same size and location.

Upon review it was determined that the Development Application:

- ☒ Permitted by Ordinance
☐ Permitted by Variance approved on: _____
☐ Valid Nonconforming Use is established by
 ☐ Zoning Board of Adjustment
 ☐ Zoning Officer

07/23/12 12:34PM 001358#6462
X02 SERV.002

#00709

ZPA

CHECK

\$30.00

\$30.00

Sean Kinney
Sean Kinney, Zoning Officer

07/16/2012

Date

Michael P. Fowler
Michael P. Fowler, Township Planner

7/16/12
Date



Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
7322621027

Date Issued: _____
Application Number: ZA-12-00741
Application Date: 07/16/2012
Project Number: _____
Permit Number: _____
Fee: \$30

Zoning Permit

Worksite **106 CHAMBERS BRIDGE RD.**
Location: **McDonald's**
Brick Township, NJ 08723

Block: 701
Lot: 8.01
Qualifier: _____
Zone: B-3

Owner: **MC DONALD'S CORP.% D'AMBROSIO ASSOC**
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 - ☐ Zoning Board of Adjustment
 - ☐ Zoning Officer

Sean Kinney
Sean Kinney, Zoning Officer

Michael P. Fowler
Michael P. Fowler, Township Planner

07/16/2012

Date

7/16/12
Date

RECEIVING CLERK
DATE REC'D 4/11/12

ZONING PERMIT APPLICATION

PERMIT # _____
DATE ISSUED _____

BLOCK: 201 LOT: 8.01 QUALIFIER: — SITE ADDRESS: 106 Chambersbroke Rd

IDENTIFICATION:

1. NAME OF OWNER IN FEE: D. A. Basso ASSD.

COMPLETE ADDRESS: 106 Chambersbroke Rd
Brook

PHONE # 732-774-1372 EMAIL: _____

2. NAME OF APPLICANT: Mc Lister Company

APPLICANT ADDRESS: 60 Steiner Ave
Madison City AL

PHONE # 232-774-1372 EMAIL: bill@mcclister.com

3. RESPONSIBLE PERSON FOR WORK: Don Mc

PHONE # 232-774-1372 FAX # 232-788-1505

4. SIGNATURE OF APPLICANT: Will A. McLister (owner)

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)

*NEW BUILDING: _____ *ADDITION _____ *ALTERATION X *PORCH _____ *DECK _____

POOL: ABOVE GROUND _____ IN GROUND _____ FENCE: HEIGHT _____ TYPE _____

HEIGHT: _____ (*APPLICABLE)

OTHER: Replacement of incomplete fencing. Site remains the same

DESCRIPTION:

ZONING REVIEW: 7-16-12

DATE REVIEWED: 7-16-12 DATE DENIED: _____ DATE APPROVED: 7-16-12 INTLS: 5621

(SEE BACK PAGE)

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: \$ 30.00

OTHER: \$ _____

TOTAL: \$ _____

REQUIRED BY APPLICANT

RESIDENTIAL: _____

COMMERCIAL: ✓

EXISTING USE: Sign-McDonalds

PROPOSED USE: Sign-McDonalds

BOARD APPROVAL: _____ PB _____ ZB _____

RESOLUTION #: _____

APPROVAL DATE: _____

COMPLETED

SIGN CALCULATIONS

WIND SPEED 115 MPH

$$I = 1.0$$

$$K_z = 0.85$$

$$K_{zt} = 1.0$$

$$K_d = 0.85$$

Charles Gilligan 6.8.12
P.E.
CHARLES GILLIGAN
NJPE # 27050

$$q_z = 0.0256 K_z K_{zt} K_d V^2 I$$

$$q_z = 0.0256 (0.85) (1.0) (0.85) (115)^2 (1.0)$$

$$q_z = 24.46 \text{ PSF } (z = 12')$$

$$F = q_z G C_f A_f$$

$$= 24.46 (0.85) (1.2) (12 \times 1.5)$$

$$F = 2844.2 \text{ \#}$$

SHED
AREA

CALC. OVER TURNING MOMENT:

SEE SKETCH (SHEET 2)

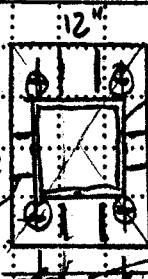


MAX O.T. MOMENT 19,851 FT-LBS

CHECK USING EX. BASE PLATE

16x12x3/4

5/16" GRIFF
PLATES



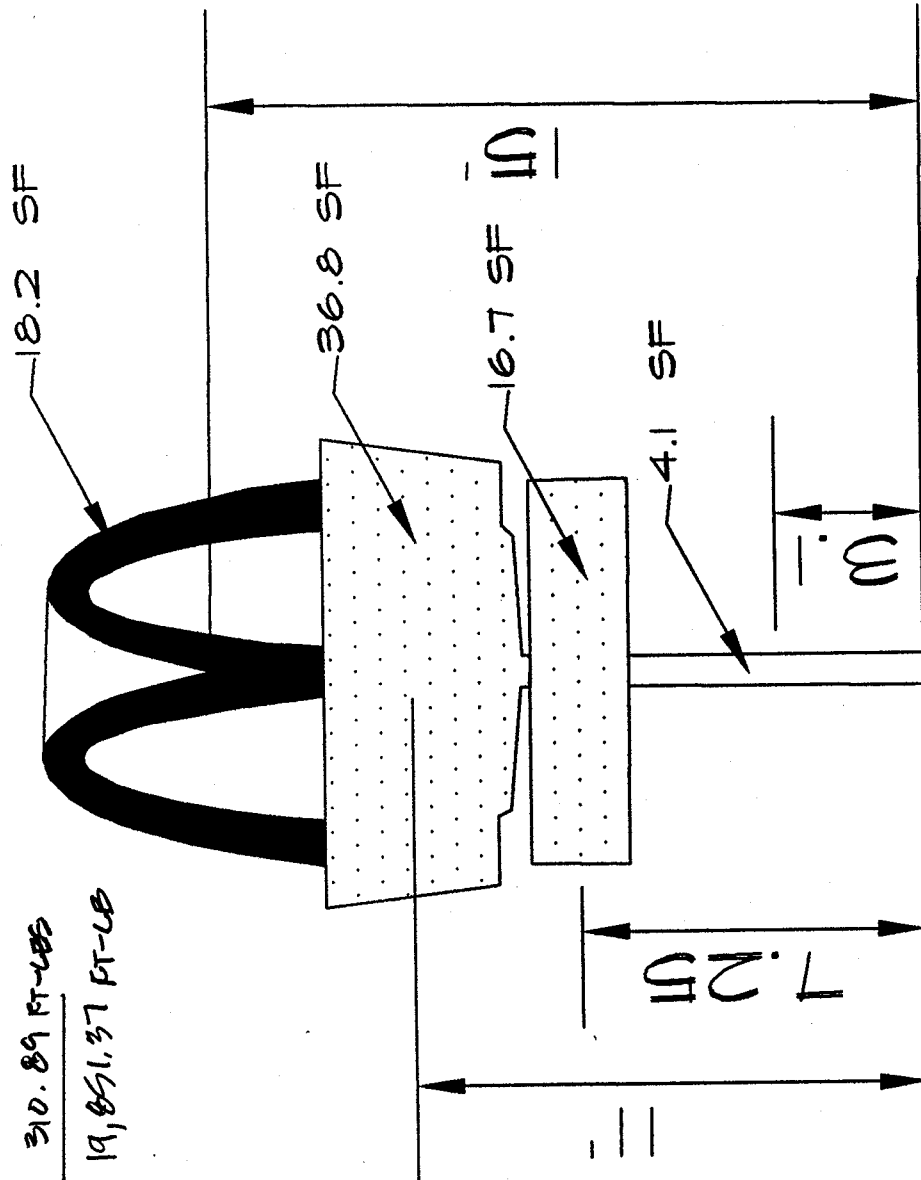
EX. BASE PL.

12"

5" BOLT PATT.

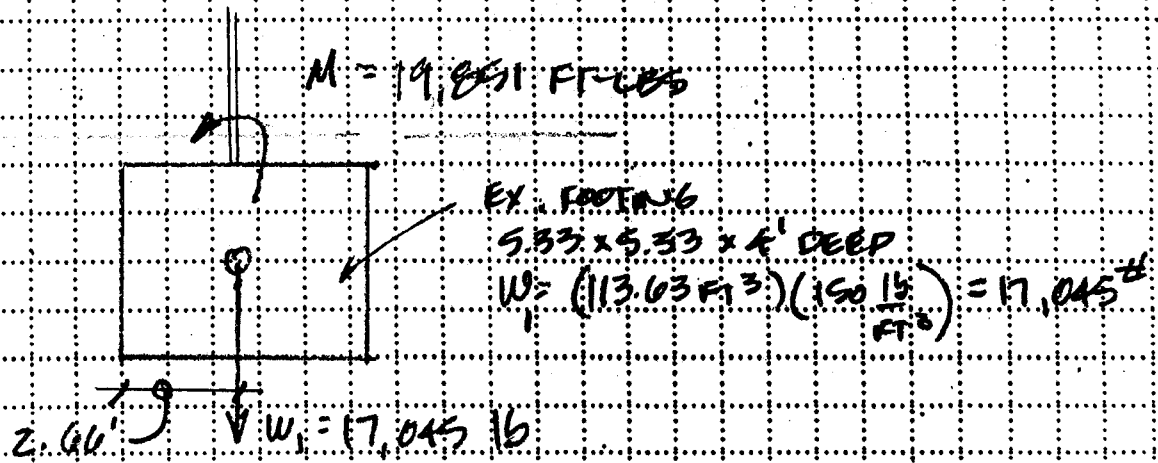
MOMENT @ DEE PLATE:

$$\begin{aligned}
 ① & 24.46 (18.2)(15) = 6677.58 \text{ FT-LB} \\
 ② & 24.46 (36.8)(11) = 9901.41 \text{ FT-LB} \\
 ③ & 24.46 (16.7)(7.25) = 2901.49 \text{ FT-LB} \\
 ④ & 24.46 (4.1)(3.1) = 310.89 \text{ FT-LBS} \\
 & \underline{19,851.37 \text{ FT-LB}}
 \end{aligned}$$



Scale: 1/4" = 1'-0"

CHECK FOUNDATION

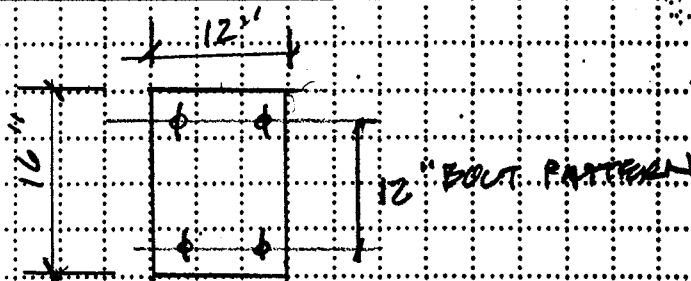


CHECK O.T. FOUNDATION

$$19,851 (\text{S.F.}) = 17,045 \times 2.66'$$

$$\text{S.F.} = 2.28 > 1.5 \therefore \text{OK} \checkmark$$

CHECK ANCHOR BOLTS



$$\frac{19,851 \times 12}{12} = 19,851 \text{ TENSION ON TWO BOLTS}$$

OR 9925# PER BOLT

$$\text{VALUE OF 1" } \phi \text{ BOLT IN TENSION} = 15.7 \text{ KIPS}$$

$$15,700 > 9925 \therefore \text{OK} \checkmark$$

USE SIMPSON HEMLOCK HEX COUPLER

$$\text{CAPACITY} = 35,345 \text{ LB} \therefore \text{OK} \checkmark$$

CNW/HSCNW Coupler Nuts

Model No.	Rod Diameter	H Min	Allowable Tension Capacity (lbs.)
			(100)
CNW $\frac{1}{2}$	0.500	1 $\frac{1}{2}$	4265
CNW $\frac{3}{8}$	0.625	1 $\frac{1}{4}$	6675
CNW $\frac{7}{8}$	0.750	2 $\frac{1}{4}$	9610
CNW $\frac{7}{8}$	0.875	2 $\frac{1}{2}$	13080
CNW1	1.000	2 $\frac{3}{4}$	17080
CNW1 $\frac{1}{4}$	1.250	3	26690
HSCNW $\frac{7}{8}$	0.750	2 $\frac{1}{4}$	19880
HSCNW1	1.000	2 $\frac{3}{4}$	35345
Transition Couplers			
CNW $\frac{3}{8}$ - $\frac{1}{2}$	0.625 to 0.500	1 $\frac{1}{2}$	4265
CNW $\frac{3}{8}$ - $\frac{3}{8}$	0.750 to 0.625	1 $\frac{1}{4}$	6675
CNW $\frac{7}{8}$ - $\frac{3}{8}$	0.875 to 0.625	2	6675
CNW1- $\frac{1}{2}$	1.000 to 0.875	2 $\frac{3}{4}$	13080

1. Allowable loads shown are based on AISC 13th Edition A36 and A449 (HS) threaded rod capacities.

87-4

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____
PERMIT #: _____

BLOCK: 701 LOT: 8.01 ADDRESS: 106 Chambersbridge Road

IDENTIFICATION:

1. WORK SITE ADDRESS: McDonalds 106 Chambersbridge
2. NAME OF OWNER IN FEE: D'Ambrasio 5508
ADDRESS: 106 Chambersbridge PHONE #: (330) 374-1377 agent
Brook FAX #: (330) 341-1508
3. PRINCIPAL CONTRACTOR: Mike Sisi Company
ADDRESS: 60 Steiner Ave PHONE #: (330) 374-1377
Maple City, MS FAX #: (330) 374-1508
4. ARCHITECT OR ENGINEER: Charles Gillespie
ADDRESS: 544 Woodland Ave PHONE: # (330) 528-7774
Bristol, MS
5. RESPONSIBLE PERSON FOR WORK: Don Rye
ADDRESS: 60 Steiner Ave Maple City, MS
PHONE #: (330) 374-1377 FAX #: (330) 341-1508 E-MAIL: _____

- PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING
☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL
☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL
☐ OTHER Replacement of Sisi Entry - Sisi to Remain
at existing location.
- LENGTH: _____ WIDTH: _____ HEIGHT: _____

ENGINEERING REVIEW:

DATE RECEIVED: _____ DATE REJECTED: _____ DATE APPROVED: _____ INITIALS: _____

FEE SUMMARY:

APPLICATION FEE: \$ _____
REVIEW FEE: \$ _____
INSPECTION FEE: \$ _____
OTHER: \$ _____
BOND(S): \$ _____
TOTAL: \$ _____

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: _____
DRAINAGE EASEMENTS: _____
UTILITY EASEMENTS: _____
CONSERVATION EASEMENTS: _____
FEMA REQUIREMENTS: _____
D.E.P. PERMITS: _____
BOARD APPROVAL: ☐ PB ☐ ZB
APPLICATION NUMBER: _____
APPROVED DATE: _____

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

McDONALDS CORP-D'AMBRASIO ASSO
2410 Highway 34
Manasquan NJ 08736

2. Article Number
(Transfer from service label)

7009 1680 0001 0402 9973

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154C

Y-12-00145

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X/B. C. V.

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

McDONALDS CORP-D'AMBRASIO
2410 Highway 34
Manasquan NJ 08736

2. Article Number
(Transfer from service label)

7009 1680 0001 0402 5241

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154D

V-12-00146

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X/B. C. V.

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Sent To

McDONALDS CORP-D'AMBRASIO ASSO
Street, Apt. No.,
or PO Box No. 2410 HIGHWAY 34
City, State, ZIP+4
MANASQUAN NJ 08736

PS Form 3800, August 2006

See Reverse for Instructions

7009 1680 0001 0402 9973



STOP CONSTRUCTION ORDER

Permit/Control #:

Date Issued: 6/7/2012

Violation #: V-12-00145

IDENTIFICATION

Work Site Location: 106 CHAMBERS BRIDGE RD. Brick Township, NJBlock: 701 Lot: 8.01 Qualification Code: _____Owner in Fee: MC DONALD'S CORP. % D'AMBROSIO ASSOCOwner Address: 2410 HIGHWAY 34 MANASQUAN NJ 08736

Agent/Contractor: _____

Address: _____

To: ☒ Owner☐ Other:☐ Agent/ContractorDATE OF INSPECTION: 6/5/2012 DATE OF THIS NOTICE: 6/7/2012

ACTION

You are hereby **ORDERED** to **STOP**

☐ Building ☐ Electrical ☐ Plumbing ☐ Fire Protection ☐ Mechanical ☐ Elevator ☒ All Construction
at the above Location as of 6/5/2012 until further notice from this enforcing agency.

This **ORDER** is entered pursuant to N.J.A.C. 5:23-2.31(d) for violation of

NJAC 5:23.2.14(a) Working without a permit

which provides:

You have failed to get the required permit for the following work: sign replacement and redone footing

Permission to resume construction may be obtained from this enforcing agency after the following conditions are met:

Work has begun without the required permit. All work must stop until the permit is issued.

Further, take **NOTICE** that failure to comply with this **ORDER** may result in the assessment of penalties of up to \$500.00
per day per violation, and a certificate of occupancy will *not* be issued until such penalty has been paid.

If necessary, the enforcing agency will concurrently seek the Order of a court of competent jurisdiction restraining further work
at the above location.

If you wish to contest this **ORDER**, you may request a hearing before the Construction Board of Appeals of
the County of Ocean within 15 days of receipt of this **ORDER**
as provided by N.J.A.C. 5:23A-2.1. The Application of the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your name and address, the address of the building or site in
question, the permit number, the specific sections of the Regulations in question, and the extent and nature of the relief
sought by you. You may append any documents that you consider useful.

The fee for an appeal is \$100.00 and should be forwarded with your application to the Construction

Board of Appeals Office at: **CONSTRUCTION BOARD OF APPEALS**
PO Box 2191 #5 Mott Place
Toms River, NJ 08754-2191

If you have any questions concerning this matter, please call: (782) 262-1030

By Order of

Subcode Official

Date:

6-7-12



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Construction Violation

Identification

Work Site Location: 106 CHAMBERS BRIDGE RD. Brick Township, NJ

Block: 701

Lot: 8.01

Owner: MC DONALD'S CORP.% D'AMBROSIO ASSOC

Owner Address: 2410 HIGHWAY 34 MANASQUAN NJ 08736

Telephone:

Agent:

Agent Address:

Telephone:

Infraction Details

Subcode: Administrative

Issuing Officer: Daniel F Newman Jr

Telephone: (732) 262-1092

Issue Date: 6/7/2012

Infraction: Stop Construction Order

Statute: N.J.A.C. 5:23 Uniform Construction Code Regulations NJAC 5:23.2.14(a) Working without a permit

Infraction Summary: You have failed to get the required permit for the following work: sign replacement and footing reconstruction

Certified Mail Number: 7009 1680 0001 0402 9973

Enforcement Details

Inspection Date: 6/5/2012

Notice Date: 6/7/2012

Compliance Date: 6/8/2012

Compliance Inspection Date: 6/8/2012

Compliance Summary: Work has begun without the required permit. All work must stop until the permit is issued.

Fines Details

Total Due: \$0.00

Total Paid: \$0.00

Total Owed: \$0.00

Brick Township

401 Chambersbridge Rd
Brick, NJ 08723

(732) 262-1030

**Receipt**

Payment Date 2/5/2013

Transaction # PMT-13-00697

Receipt #

Issued To McDonalds V-12-001456

Description McDonalds
106 Chambers Bridge Rd
Brick NJ 087203

Date Printed 2/5/2013

Check Number 12027

Cash \$0.00

Check \$250.00

Charge \$0.00

Total Paid \$250.00



NOTICE AND ORDER OF PENALTY

Permit/Control #:

Date Issued: 6/7/2012

Violation #: V-12-00146

IDENTIFICATION

Work Site Location: 106 CHAMBERS BRIDGE RD. Brick Township, NJ

Block: 701 Lot: 8.01 Qualification Code: _____

Owner in Fee: MC DONALD'S CORP. % D'AMBROSIO ASSOC

Owner Address: 2410 HIGHWAY 34 MANASQUAN NJ 08736

Agent/Contractor: _____

Address: _____

To: ☒ Owner

☐ Other:

☐ Agent/Contractor

ACTION

☐ On _____, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder. A ☐ **Notice of Violation and Order to Terminate**, ☐ **Notice of Unsafe Structure**, ☐ **Notice of Imminent Hazard** was issued. Reinspection of the work site on _____ revealed the following violation(s) remain:

☒ On 6/5/2012, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder, in that you ☐ **made a false or misleading written statement, or omitted required required information in an application or request for approval; or** ☒ **failed to obtain a construction permit; or** ☐ **failed to request required inspections; or** ☐ **allowed occupancy prior to receiving a certificate of occupancy.**

☐ On _____, you were found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder. A **Stop Construction Order** was issued. Reinspection of the work site on _____ revealed a failure to comply with that **Stop Construction Order**.

PENALTY

Therefore, you are hereby **ORDERED** to pay a penalty in the amount of \$2,000.00 for each violation for a total penalty of \$2,000.00.

Further, take **NOTICE** that for each ☒ week ☐ day that any of the said violations remain outstanding after 6/21/2012 an additional penalty of \$2,000.00 per ☒ week ☐ day shall result

If you wish to contest this **ORDER**, you may request a hearing before the Construction Board of Appeals of the _____ County of Ocean within 15 days of receipt of this **ORDER** as provided by N.J.A.C. 5:23 A-2.1. The Application of the Construction Board of Appeals may be used for this purpose.

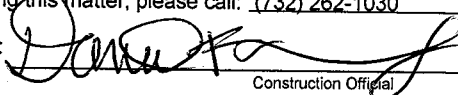
Your application for appeal must be in writing, setting forth your name and address, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on them. You may include a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful

The fee for an appeal is \$100.00 and should be forwarded with your application to the Construction

Board of Appeals Office at: **CONSTRUCTION BOARD OF APPEALS**
PO Box 2191 #5 Mott Place
Toms River, NJ 08754-2191

If you have any questions concerning this matter, please call: (732) 262-1030

NOTICE and ORDER of PENALTY:


Construction Official

Date: 6-7-12



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Construction Violation

Identification

Work Site Location: 106 CHAMBERS BRIDGE RD. Brick Township, NJ
Block: 701
Lot: 8.01
Owner: MC DONALD'S CORP.% D'AMBROSIO ASSOC
Owner Address: 2410 HIGHWAY 34 MANASQUAN NJ 08736
Telephone:
Agent:
Agent Address:
Telephone:

Infraction Details

Subcode: Administrative
Issuing Officer: Daniel F Newman Jr Telephone: (732) 262-1092
Issue Date: 6/7/2012
Infraction: Notice and Order of Penalty
Statute: N.J.A.C. 5:23 Uniform Construction Code Regulations NJAC 5:23.2.14(a) Working without a permit
Infraction Summary: Following an investigation, it is found that you have failed to get the required permit for the following work: sign replacement and redone footing
Certified Mail Number: 7009 1680 0001 0402 5241

Enforcement Details

Inspection Date: 6/5/2012
Notice Date: 6/7/2012
Compliance Date: 6/21/2012
Compliance Inspection Date: 6/21/2012
Compliance Summary: The owner or the owner's agent must submit an application for review by the compliance date. Additionally, the work must be inspected, any penalties paid, and a Certificate of Occupancy or Approval issued by this office. Failure to comply will lead to additional enforcement action. Additional enforcement could include additional penalties or subpoenas to appear in Municipal Court.

Fines Details

Total Due:	\$2,000.00
Total Paid:	\$0.00
Total Owed:	\$2,000.00

INVESTIGATION REPORT

DATE: 6-5-12

INVESTIGATION #: A

BLOCK: 701 LOT: 8-01 SUB-DIVISION: _____

STREET & NO.: 106 Chambers Bridge Rd

OWNER'S NAME: Mc Donald's Corp -

NATURE OF THE COMPLAINT: Sign being replaced - and footing redone no permit -

DATE OF INVESTIGATION: 6-5-12 INSPECTOR: D Newman

CONDITION FOUND: D Newman found when passing by in car - stopped and left card with contractor -

INITIAL ACTION TAKEN: _____

FOLLOW-UP/ DATE: _____ ACTION TAKEN: _____

FOLLOW-UP/ DATE: _____ ACTION TAKEN: _____

FOLLOW-UP/ DATE: _____ ACTION TAKEN: _____

RESOLUTION/ DATE: _____ OUTCOME: _____

~~Send NOV and stop work~~

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

- A. ☐ I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

- B. ☐ I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

- C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

- D. ☐ I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

☒ Check if contractor.

Agent Name RLX Sisk Company

Address 60 Steiner Ave
Neptune City NJ 07753

Telephone (201) 774-1352

Signature William A. McClure (agent fee)

- III. ☐ LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

2-26-12 Foot Res

17 no Pains

27 no letter from Ach to Vein Ex. Footing

Building Tech Back